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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of  
**MORIMOTO et al.**

Application Number: 10/784,833

Filed: February 24, 2004

For: **CROSS LINGUAL TEXT CLASSIFICATION  
APPARATUS AND METHOD**

ATTORNEY DOCKET NO. ASAM.0113



Art Unit 2626

Examiner:  
**ALBERTALLI, BRIAN LOUIS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	12	14	(Over 20)	x \$50	0
Independent Claims	3	3	(Over 3)	x \$210	0
<del>MULTIPLE</del> DEPENDENT CLAIM(S)				+ \$370	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[ x ] Response to Office Action  
(with claim amendments)  
[ ] Substitute Specification  
[ ] Preliminary Amendment  
[ ] Information Disclosure Statement

[ ] Petition for Extension of Time ( \_\_ month)  
[ ] Terminal Disclaimer  
[ ] Letter to Draftsperson w/ \_\_ sheets of  
replacement drawings  
[ ] Request for Continued Examination

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ ] A check in the amount of \$\_\_\_\_\_ to cover the fees is enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

\_\_\_\_\_  
Stanley P. Fisher  
Registration Number 24,344

  
Juan Carlos A. Marquez  
Registration No. 34,072

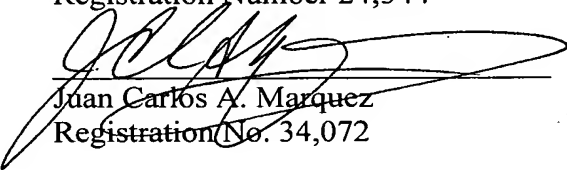
**REED SMITH LLP**  
3110 Fairview Park Drive  
Suite 1400  
Falls Church, Virginia 22042  
(703) 641-4200  
**July 1, 2008**

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- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ ] A check in the amount of \$ \_\_\_\_\_ to cover the fees is enclosed.
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**RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.111**

Sir:

This is in response to the Office Action mailed on April 1, 2008, the period of response to which is set to expire on July 1, 2008. Please amend the above-referenced application as follows: